



SHIP DOWNPAYMENT/FIRST TIME HOMEBUYER APPLICATION CHECKLIST

Applicant's Name _____

- ☐ Application is signed by applicant and co-applicant (page 4). If not signed, return application.
- ☐ Copies of applicant's photo ID and Social Security cards for all household members.
- ☐ Copies of verification of all income, for all members of the household for **2003**.
- ☐ Letter from employer stating gross wages, average hours of work and average over time hours.
- ☐ Proof of court ordered child support/ or non-support statement.
- ☐ Budget form is completed and signed (page 5).
- ☐ Income Verification Form signed by all household members 18 years of age or older (page 6).
- ☐ Asset forms are signed by all household members 18 years of age or older (page 7 and 8).
- ☐ Copy of the 3 most recent bank statements for all household members 18 years of age or older.
- ☐ Copy of proof of all assets.
- ☐ A letter explaining any special circumstances regarding credit or income.
- ☐ Pre-qualification letter from Bank or Lender.
- ☐ Letter stating that you have not chosen a home at this time, if you have not chosen a home. **OR**
- ☐ Signed sales contract that states sales price. **OR**
- ☐ New home construction contract with price of home and property valuation for 2003-2004. **AND**
- ☐ Directions to house or lot for new construction.

This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin. The Seminole County SHIP Program is a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first.

Your "APPLICATION" will be denied if you do not provide the requested information. Your "APPLICATION" will be denied if the information is received after all funds have been obligated. Mobile Homes and Rental Properties are not eligible. If you have any questions or need assistance please call the below listed number.

*Note there are limited funds and restrictions apply.

www.co.seminole.fl.us

Seminole County Community Development Office, 1101 East First Street, Sanford, Florida 32771

Phone: (407) 665-7384 Fax: (407) 665-7366

SHIP Application Form

Checked in by: Date:

Program you are applying for: (check all that apply)

- ☐ Down Payment Assistance First Time Homebuyer Existing Home
☐ Down Payment Assistance First Time Homebuyer New Home Construction

Do you live in unincorporated Seminole County? ☐ Yes ☐ No If No, what city do you live in? _____

How did you hear about the program? _____

Total number of household members: _____ Total household monthly gross income: \$ _____

Special Needs (check all that apply): ☐ Disabled ☐ Handicapped ☐ Elderly

Applicant's

Legal Name: _____ **Date of Birth:** _____ **Age:** _____

☐ Married ☐ Separated ☐ Unmarried (includes single, divorced, widowed) _____

INCOME: (Check all types of income that you receive.) ☐ Wages ☐ Social Security/SSI ☐ AFDC
☐ Child Support ☐ Self employed income ☐ Other _____

Gross Monthly Income: \$ _____

ADDRESS INFORMATION:

Current Address: _____

Mailing Address (if different than above): _____

Home Phone #: _____ Message Phone #: _____

EMPLOYMENT INFORMATION:

Employed by: _____ Employer Phone #: _____

Position/Title: _____

Employer's Address: _____ Date Employed: _____

Supervisor's Name: _____ Title: _____

ASSET INFORMATION:

Checking Account Balance: \$ _____ Savings Account Balance: \$ _____

All other assets: _____

Co-Applicant's**Legal Name:** _____ **Date of Birth:** _____ **Age:** _____☐ Married ☐ Separated ☐ Unmarried (includes single, divorced, widowed) _____**INCOME:** (Check all types of income that you receive.) ☐ Wages ☐ Social Security/SSI ☐ AFDC
☐ Child Support ☐ Self employed income ☐ Other _____

Gross Monthly Income: \$ _____

EMPLOYMENT INFORMATION:

Employed by: _____ Employer Phone #: _____

Position Title: _____

Employer's Address: _____ Date Employed: _____

Supervisor's Name: _____ Title: _____

ASSET INFORMATION:

Checking Account Balance: \$ _____ Savings Account Balance: \$ _____

All other assets: _____

OTHER MEMBERS OF HOUSEHOLD: List names, ages and monthly income of all other household members. If additional space is needed, list on a separate sheet.

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Legal Name: _____ Date of Birth: _____ Age: _____

Relationship to applicant: _____ Gross income: \$ _____

Have you or your co-applicant (check all that apply):

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Had an outstanding judgment in the last 7 years? | <input type="checkbox"/> Had an auto/truck repossessed? |
| <input type="checkbox"/> Declared bankruptcy in the last 10 years? | <input type="checkbox"/> Had property foreclosed? |
| <input type="checkbox"/> Owned a site built home in the past 3 years? | <input type="checkbox"/> Received assistance from the SHIP program? |

Mobile Homes and Rental Properties are not eligible. This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin.

The SHIP Program is a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first.

***Note: there are limited funds and restrictions on sales price, value of home and type of home repairs.**

I / We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I / We further understand that any willful misstatement of information will be grounds for disqualification. I / We certify that the application information provided is true and complete to the best of my / our knowledge. I / We consent to the disclosure of information for the purpose of income verification related to making a determination of my / our eligibility for program assistance. I / We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

APPLICANT SIGNATURE _____ DATE: _____

CO-APPLICANT SIGNATURE _____ DATE: _____

FAMILY BUDGET

Please declare and reveal all household income and expenses. I am aware that knowingly falsifying information on this form is grounds for denial for SHIP assistance.

<u>Gross Monthly Income</u>	<u>(IN) +</u>	<u>Monthly Expenses</u>	<u>(OUT) -</u>
Applicant All Jobs	_____	Utilities/Electric/Water	_____
Co-Applicant	_____	Housing Payment	_____
Child Support	_____	Auto/Truck Loan	_____
AFDC	_____	Auto Expense/gas/oil	_____
Alimony	_____	Auto Insurance	_____
Reoccurring Gifts	_____	Food	_____
Rental Income	_____	Medical/Insurance	_____
Social Security/SSI	_____	Clothing	_____
Disability/Pension	_____	Credit Cards/Loans	_____
Scholarship/Grant	_____	Cable TV	_____
Self-Employment	_____	Phone	_____
Other	_____	Childcare/School Expense	_____
Other	_____	Other	_____
Total Monthly Income +	=====	Total Monthly Expenses -	=====

Total Net Monthly Income: \$ _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

SIGNATURES:

Applicant _____ **Date:** _____

CO-Applicant _____ **Date:** _____

Other Adult Household Member _____ **Date:** _____

Other Adult Household Member _____ **Date:** _____

APPLICANT/TENANT RELEASE OF INFORMATION FORM

I/We _____ the undersigned hereby authorize _____ to release without liability, information regarding my/our employment, income, and/or assets to the Seminole County SHIP Program for purposes of verifying information provided as part of the owners assistance under the S.H.I.P. Program.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity, employment, income, assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for the SHIP program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Previous Landlords (*including Public Housing Agencies*)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration

Veterans Administration
Retirement Systems
Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

Applicant	(Print Name)	Date
Co-Applicant	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

ASSET ADDENDUM TO APPLICATION-SHIP PROGRAM ONLY

In order to properly qualify an applicant for SHIP Assistance, the following asset information for all occupants including minors must be obtained. This information will be used for qualification purposes only.

Assets Include:

Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.).

(Do not include necessary personal property such as furniture, automobiles, and clothing.)

- A. I (we) hereby state that the combined value of my (our) assets ____ does/____ does not exceed \$5,000.**

TOTAL VALUE OF ASSETS: \$ _____

TOTAL ANNUAL INCOME EXPECTED TO BE DERIVED FROM ASSETS: \$ _____

- B. _____ I (we) do not have any assets at this time.**

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

APPLICANT

DATE

CO-APPLICANT

DATE

ADULT MEMBER

DATE

ADULT MEMBER

DATE

VERIFICATION OF ASSETS DISPOSED

I/We certify that during the two years (24 months) period preceding the effective date of my certification or recertification of eligibility for program participation, I/we _____ have _____ have not disposed of *more* than \$1,000 in asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

	Asset	Date of Disposition
1.		
2.		
3.		

The amount received for the asset(s) disposed:

1.
2.
3.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Adult Member

Date

Signature of Adult Member

Date